SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS

PTO-1360 (3-78)

TOTAL CLAIMS